

## Application Data Sheet

### Application Information

|                                |  |
|--------------------------------|--|
| Application Type::             | Regular  |
| Subject Matter::               | Utility  |
| Title::                        | RF-BASED MARKERS FOR MRI<br>VISUALIZATION OF MEDICAL DEVICES |
| Attorney Docket Number::       | S13.12-0145  |
| Request for Non-Publication?:: | No   |
| Suggested Drawing Figure::     | 1C   |
| Total Drawing Sheets::         | 2  |
| Small Entity?::                | No   |
| Petition included?::           | No   |
| Petition Type::                |  |

### Applicant Information

|  |                      |
|--|----------------------|
| Applicant Authority Type::             | Inventor             |
| Primary Citizenship Country::          | US                   |
| Given Name::                           | Brian J.             |
| Family Name::                          | Brown                |
| Name Suffix::                          |                      |
| City of Residence::                    | Hanover              |
| State or Province of Residence::       | MN                   |
| Country of Residence::                 | US                   |
| Street of Mailing address::            | 178 Jandel Avenue NE |
| City of Mailing address::              | Hanover              |
| State of Province of mailing address:: | MN                   |
| Country of mailing address::           |                      |
| Postal or Zip Code::                   | 55431                |

|                               |             |
|-------------------------------|-------------|
| Applicant Authority Type::    | Inventor    |
| Primary Citizenship Country:: | Netherlands |

Given Name:: Jan  
 Family Name:: Weber  
 Name Suffix::  
 City of Residence:: Maple Grove  
 State or Province of Residence:: MN  
 Country of Residence:: US  
 Street of Mailing address:: 18112 89<sup>th</sup> Place North  
 City of Mailing address:: Maple Grove  
 State of Province of mailing address:: MN  
 Country of mailing address::  
 Postal or Zip Code:: 55311

### Correspondence Information

Name:: Joseph R. Kelly  
 Street of mailing address:: Westman, Champlin & Kelly  
 900 Second Avenue South, Suite 1600  
 City of mailing address:: Minneapolis  
 State or Province of mailing address:: MN  
 Postal or Zip Code of mailing address:: 55402-3319  
 Phone number:: 612/334-3222  
 Fax number:: 612/334-3212  
 E-Mail address:: jkelly@wck.com

### Representative Information

| Representative Designation:: | Registration Number:: | Representative Name: |
|------------------------------|-----------------------|----------------------|
| Primary                      | 20147                 | Nickolas E. Westman  |
| Primary                      | 34797                 | Judson K. Champlin   |
| Primary                      | 34847                 | Joseph R. Kelly      |
| Primary                      | 36188                 | Steven M. Koehler    |
| Primary                      | 34557                 | David D. Brush       |

|         |       |                            |
|---------|-------|----------------------------|
| Primary | 38354 | John D. Veldhuis-Kroeze    |
| Primary | 39758 | Theodore M. Magee          |
| Primary | 35612 | Deirdre Megley Kvale       |
| Primary | 42413 | Christopher R. Christenson |
| Primary | 41885 | Brian D. Kaul              |
| Primary | 45466 | Nathan M. Rau              |
| Primary | 45844 | Christopher L. Holt        |
| Primary | 45956 | Alan G. Rego               |
| Primary | 48516 | Todd R. Fronek             |
| Primary | 49027 | Linda P. Ji                |
| Primary | 53675 | Leanne R. Taveggia         |
| Primary | 24383 | Robert M. Angus            |
| Primary | 32015 | David C. Bohn              |
| Primary | 30214 | Z. Peter Sawicki           |
| Primary | 48774 | Peter J. Ims               |
| Primary | 51655 | Bryan F. Erickson          |

#### Domestic Priority Information

| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This application |                   |                      | MM/DD/YY             |
|                  |                   |                      |                      |
|                  |                   |                      |                      |

#### Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      | MM/DD/YY      | Yes or No          |
|           |                      |               |                    |
|           |                      |               |                    |

**Assignee Information**

Assignee name:: SciMed Life Systems, Inc.  
Street of mailing address:: One Scimed Place  
City of mailing address:: Maple Grove  
State or Province of mailing address:: MN  
Country of mailing address::  
Postal or Zip Code of mailing address:: 55311